

HISTORY FACILITY PROFILE

MAYFIELD COMMUNITY CARE CENTER PROVIDER #: 46A049 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 11 SOUTH MAIN PHONE NUMBER: (435) 528-3550 TOTAL: 37
 MAYFIELD UT 84643 PARTICIPATION DATE: 07/01/1991 CERTIFIED: 37 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 08/28/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 37			
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TOTAL:	37	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	0	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	26					37	
OTHER:	11						

CURRENT SURVEY REVISIT DATES - 10/31/2002

PRIOR 3 SURVEY 05/1999	S/S CODE	PRIOR 2 SURVEY 06/2000	S/S CODE	PRIOR 1 SURVEY 10/2001	S/S CODE	CURRENT SURVEY 08/28/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	E					X C	D	10/25/2002	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
						X C	D	10/25/2002	REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	D				REQ F0318-RANGE OF MOTION TREATMENT & SERVICES
				X	D				REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
				X	D				REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
									REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	E					X C	D	10/25/2002	REQ F0372-DISPOSE GARBAGE & REFUSE PROPERLY
						X C	D	10/25/2002	REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
				X	D				REQ F0430-REPORTS OF IRREGULARITIES ARE ACTED UPON
									REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 05/1999	PRIOR 2 SURVEY 06/2000	PRIOR 1 SURVEY 10/2001	CURRENT SURVEY 08/29/2002	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
	X	X	X N		K0025-SMOKE PARTITION CONSTRUCTION
			X C	10/25/2002	K0038-EXIT ACCESS
			X C	10/25/2002	K0046-EMERGENCY LIGHTING
		X	X N		K0056-AUTOMATIC SPRINKLER SYSTEM
			X C	10/25/2002	K0062-SPRINKLER SYSTEM MAINTENANCE
X			X C	10/25/2002	K0072-FURNISHING AND DECORATIONS
	X				K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	4	4	0	2
HEALTH TOTAL	4	4	0	2
LIFE SAFETY CODE	6	3	1	1
LIFE SAFETY CODE + HEALTH	10	7	1	3

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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06/27/2000	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT